



RCW 19.118

File No. _____
Consumer: _____
Vehicle: _____
VIN No. _____

REQUEST FOR ARBITRATION

BEFORE YOU COMPLETE THIS FORM . . .

1. **Read the Motor Vehicle Lemon Law brochure.** If you have any questions after reading the brochure contact the Lemon Law Administration at the telephone numbers listed below.

2. **The minimum eligibility requirements for a vehicle are:**

- it must have been originally sold/leased at retail in Washington **and**
- its initial registration must have been in Washington (a non-resident military exemption may

apply regarding the registration requirement).

The following are the minimum repair attempt requirements for qualifying a defect:

- two (2) attempts to diagnose or repair an existing 'serious safety defect'; **or**
- four (4) attempts to diagnose or repair an existing substantial defect ('nonconformity'); **or**
- the vehicle must have been out of service for 30 or more cumulative calendar days to diagnose or repair one or more substantial defects.

NOTE: THESE ARE NOT THE COMPLETE ELIGIBILITY REQUIREMENTS OF THE LEMON LAW. READ THE LEMON LAW BROCHURE CAREFULLY TO BE CERTAIN THAT YOUR VEHICLE MEETS ALL ELIGIBILITY REQUIREMENTS.

3. A written request for repurchase or replacement of the vehicle must be sent to the vehicle's manufacturer to initiate the arbitration process. The manufacturer should be allowed 40 days to respond before you submit this form to the Attorney General's Office (see exception below).

Exception: For a claim to be accepted for arbitration, a Request for Arbitration form must be received at one of the addresses listed below within 30 months of the vehicle's original retail delivery date whether or not the manufacturer's 40 day response period has expired.

INSTRUCTIONS

1. **Type or Print clearly and fully complete the Request for Arbitration form.**

Failure to complete this Request for Arbitration form or supply the requested documents may result in delay or rejection of your request for arbitration. A copy of your Request for Arbitration form and documents will be provided to the manufacturer if your claim is accepted for arbitration.

2. Attach copies of documents or records requested (DO NOT SUBMIT ORIGINALS). If you do not have the document(s) requested, send a written request to the source (i.e. dealer, manufacturer, etc.) asking for the needed documentation. If you do not receive the documents, attach to the form a copy of the letter requesting the document(s) or an explanation why the copies cannot be included.

3. Submit your Request for Arbitration form and copies of documents to the address nearest you:

Lemon Law Administration
Office of the Attorney General
900 Fourth Avenue, Suite 2000 MS: TB-14
Seattle, WA 98164-1012

Lemon Law Administration
Office of the Attorney General
W. 1116 Riverside Avenue
Spokane, WA 99201

4. For additional information call:

TOLL FREE: 1-800-541-8898
LOCAL - KING COUNTY: 587-4240 LOCAL - SPOKANE COUNTY: 456-3123
PRESS '1' FOLLOWED BY '0' TO BE CONNECTED TO A STAFF PERSON

I. CONSUMER INFORMATION

Name: _____

Please Print or Type *Last* *First* *Middle Initial*

Address: _____

City: _____ State: _____ Zip: _____

Phone: Day: (____) _____ Evening: (____) _____

Other registered owners:_____

II. VEHICLE INFORMATION

Make: _____ Model: _____ Year: _____ Style: _____
(Chev, Ford, Dodge, Nissan, etc.) (Celebrity, Thunderbird, Caravan, etc.) (sedan, coupe, wagon, etc.)

Vehicle ID Number (VIN #): _____ Present Mileage: _____

Original Delivery Date: ____ - ____ - ____ Manufacturer Basic Warranty: ____ Months/ ____ Miles
Month Day Year Manufacturer Powertrain Warranty: ____ Months/ ____ Miles

Original Sales/Lease Dealer: _____

Address: _____

City: _____ State: _____ Zip: _____

State in which vehicle was originally registered: _____ Vehicle currently registered in: _____

Original Owner (if other than you): _____

Address: _____

City: _____ State: _____ Zip: _____

III. PREVIOUS CLAIMS

1. Have you previously filed a Request for Arbitration with the Lemon Law Administration? ☐ Yes ☐ No

2. Have you participated in any other dispute resolution procedure regarding this vehicle? ☐ Yes ☐ No

If yes, identify agency: _____ Claim No. _____

3. Has there been any court action regarding the claim you are making now? ☐ Yes ☐ No

Note: If you answer yes provide an explanation of current status and submit copies of relevant documents.

IV. DOCUMENTS

You must submit copies of the following documents. (See Instruction #2 on the front page of this form if you cannot provide all documentation.) Check below to identify the document copies that are submitted with this form. DO NOT SEND ORIGINAL DOCUMENTS!

- ☐ Letter to the Manufacturer Requesting Replacement or Repurchase

Date Letter Mailed: - - Date of Manufacturer Response: - -

Date Letter Mailed: - - Date of Manufacturer Response: - -

- ☐
- All Repair Orders Listed in Section V
- ☐
- Finance Agreement (if applicable)

- ☐ Certificate of Original Registration ☐ Manufacturer Warranty Information

- ☐
- Purchase/Lease Agreement
- ☐
- Other: _____

You must provide a written explanation and/or a copy of letter(s) to the information source requesting the missing documents regarding copies of all documents not submitted with this form.

V. REPAIR HISTORY

Identify each attempt to diagnose or repair the defect. If there is more than one defect, list each individually. When necessary, attach additional pages. Each repair order may be listed more than once if it relates to more than one defect. You must submit copies of repair orders; if any repair orders will not be submitted see Instruction #2 .

DEFECT 1

Description: _____

Is this a 'serious safety defect'? Yes ☐ No ☐ Does the defect currently exist in the vehicle? Yes ☐ No ☐

Repair Order#	Copy Enclosed	Date to Dealer	Date Vehicle Returned	Dealership Name	Mileage
_____	<input type="checkbox"/>	_____	_____	_____	_____
_____	<input type="checkbox"/>	_____	_____	_____	_____
_____	<input type="checkbox"/>	_____	_____	_____	_____
_____	<input type="checkbox"/>	_____	_____	_____	_____

DEFECT 2

Description: _____

Is this a 'serious safety defect'? Yes ☐ No ☐ Does the defect currently exist in the vehicle? Yes ☐ No ☐

Repair Order#	Copy Enclosed	Date to Dealer	Date Vehicle Returned	Dealership Name	Mileage
_____	<input type="checkbox"/>	_____	_____	_____	_____
_____	<input type="checkbox"/>	_____	_____	_____	_____
_____	<input type="checkbox"/>	_____	_____	_____	_____
_____	<input type="checkbox"/>	_____	_____	_____	_____

DEFECT 3

Description: _____

Is this a 'serious safety defect'? Yes ☐ No ☐ Does the defect currently exist in the vehicle? Yes ☐ No ☐

Repair Order#	Copy Enclosed	Date to Dealer	Date Vehicle Returned	Dealership Name	Mileage
_____	<input type="checkbox"/>	_____	_____	_____	_____
_____	<input type="checkbox"/>	_____	_____	_____	_____
_____	<input type="checkbox"/>	_____	_____	_____	_____
_____	<input type="checkbox"/>	_____	_____	_____	_____

DEFECT 4

Description: _____

Is this a 'serious safety defect'? Yes ☐ No ☐ Does the defect currently exist in the vehicle? Yes ☐ No ☐

Repair Order#	Copy Enclosed	Date to Dealer	Date Vehicle Returned	Dealership Name	Mileage
_____	<input type="checkbox"/>	_____	_____	_____	_____
_____	<input type="checkbox"/>	_____	_____	_____	_____
_____	<input type="checkbox"/>	_____	_____	_____	_____
_____	<input type="checkbox"/>	_____	_____	_____	_____

- ☐ **Check this box** and provide a description on additional pages if you list more than four (4) repair orders for a defect, or if your claim is based on more than four (4) defects.
- ☐ **Check this box** if your vehicle has been out-of-service for 30 or more days for diagnosis or repair of substantial defects and 15 of those days were during the manufacturer warranty and within 2 years of the vehicle's original retail delivery date and within 24,000 miles of operation.

VI. FINANCIAL INFORMATION

The following information will be necessary to calculate an award if it is determined that your vehicle should be replaced or repurchased. Most of the information can be found in the forms that you are submitting; additional bills, receipts or other proofs of payment may be submitted if you have paid any of the following sales- or repair-related items:

- Finance Charges/Lease Payments
- Credit Disability and Credit Life Insurance Costs
- Factory/Dealer Installed Options Costs
- Transportation or Dealer Prep Charges
- Service Contracts, Undercoating or Rustproofing Costs
- Alternate Transportation Costs
- Other Sales or Repair Related Costs
- Towing Charges

Finance/Lease Company: _____

Address: _____

City: _____ State: _____ ZIP: _____

VII. SCHEDULING INFORMATION

Please indicate the location(s) where you would be able to attend an arbitration hearing:

☐ Seattle ☐ Tacoma ☐ Everett ☐ Bellingham ☐ Vancouver ☐ Spokane ☐ Yakima ☐ Tri-Cities

Please list any dates during the NEXT 60 DAYS when you (or your attorney, if you have one) would not be available for an arbitration hearing: _____

Please indicate the hours you would prefer for your arbitration hearing:

☐ Business hours ☐ Monday-Thursday nights ☐ Saturdays ☐ No preference

You have the right to be represented by an attorney.

Are you represented by an attorney? Yes ☐ No ☐ If 'yes,' provide the following information:

Attorney Name: _____ Phone (____) _____

Firm Name: _____

Firm Address: _____

City: _____ State: _____ Zip: _____

Note: if you are represented by an attorney, correspondence will be directed to your attorney and a copy sent to you.

VIII. SIGNATURE

At the arbitration hearing you will be asked to decide whether you want the vehicle repurchased or replaced.

At the present time, which do you prefer? ☐ Replacement ☐ Repurchase

In the event that my vehicle is ordered repurchased or replaced I give permission to lienholders on the vehicle to release to the vehicle manufacturer documents and information to enable the manufacturer to comply with the arbitration decision.

I have read the above information and declare it to be true and accurate to the best of my knowledge.

(Note: All registered owners must sign below.)

Signature _____ County _____ Date _____

Signature _____ County _____ Date _____

Signature _____ County _____ Date _____